

CITY OF BROKEN ARROW, OKLAHOMA
GATED COMMUNITY APPLICATION/RENEWAL

Homeowners Association information

Subdivision Name: _____

President: _____

Mailing Address: _____

Phone Number: _____ Other Phone: _____

Homeowners Association Representative: _____

Mailing Address: _____

Phone Number: _____ Other Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Check ☒ the Boxes below:

☐ I have received a copy of Ordinance 7.11 Subdivision policies and guidelines for Private Street, gated residential developments.

☐ I will update the City of Broken Arrow, Community Development, if there are any changes of the Name and Phone numbers for the following: Association president or representative, or the Emergency Contact Information. This information should be provided to the City within 10 days.

- Permit fee of \$20.00 is due upon application.
- Permits are effective for one calendar year.

Signature of Association President

Print Name

Notary

My commission Expires

Received Date
(Date Stamp Here)

RETURN with a check for \$20.00 to:

CITY OF BROKEN ARROW
COMMUNITY DEVELOPMENT
PO BOX 610
BROKEN ARROW, OK 74013

Office Use Only

Receipt Number: _____

Amount Received: _____